

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only Dept. of EHNR

I. D. Number

Date Received FEB 9 1994

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: R.E. Martin

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: RT. 1 Box 158County: StokesCity: Lawsonville State: NC Zip Code: 27022Tele. No. (Area Code): 910-871-2075

II. LOCATION OF TANK(S)

Facility Name or Company: R.E. Martin Amoco

Facility ID # (if available)

Street Address or State Road: N.C. 704County: Stokes City: Lawsonville Zip Code: 27022Tele. No. (Area Code): Same

III. CONTACT PERSON

Name: R.E. Martin Job Title: Owner Telephone Number: (910) 871-2075

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Certifioam Services, Inc.Address: P.O. Box 5524, Winston-Salem State: NC Zip Code: 27113Contact: Harvey Danner Phone: 910/661-9231

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>4000</u>	<u>Unleaded</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>2</u>	<u>4000</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Harvey C. Danner, Jr., President*Scheduled Removal Date: 16th Mar. 1994Signature: Harvey C. Danner, Jr., Pres.Date Submitted: 8th Feb 1994

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.